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## Quarantine.

On September 4 quarantine against Glasgow was declared by the Brazilian Government.

Bills of health.

Since last report the following-named ships have been inspected and received bills of health of this office: September 1 steamship Hevelius, Belgian, for New York; barkentine Doris, American, for Baltimore; ship Harvest Queen, British, for Savannah. September 3, steamship Grecian Prince, British, for New York. September 4, steamship Strabo, British, for New Orleans. September 6, steamship Woodbridge, British, for Galveston. September 12, steamship Flaxman, British, for New York.

Respectfully,

W. HAVELBURG, M. D., Acting Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,

U. S. Marine-Hospital Service.

Sanitary state of Rio de Janeiro.

RIO DE JANEIRO, September 24, 1900.

SIR: During the fortnight, September 1 to 15, inclusive, the total number of deaths from all causes was 498, a decrease of 52, if compared with the preceding fortnight, being at the rate of 33.2 per diem, and corresponding to 15.55 per 1,000 against 16.10 during the preceding period.

The number of deaths in regard to infectious and contagious diseases was as follows: Tuberculosis, 101 against 120; malarious fever, 28 against 41; bubonic plague, 13, the same as before; smallpox, 24 against 22; beriberi, 3 against 5; yellow fever, 3 against 4; typhoid fever. 2 against 1; dysentery, 3 against 2; influenza, 2, the same as before; diphtheria, 1, none before, and measles, 1, the same as before.

There were 579 births; that is, an average of 38.6 per diem, corre-

sponding to annual birthrate of 18 per 1,000.

According to meteorological observations, the thermometer varied as follows: 27.1° C., maximum; 14.7° C., minimum; medium, 19.70° C.

## Bills of health.

Since last report the following-named ships have been inspected and received bills of health of this office: September 15, steamship Ethelbrythe, British, for Galveston. September 17, steamship Britannia, British, for Norfolk; bark Gazelle, British, for Savannah; bark Adam W. Spies, American, for United States via Barbadoes; barkentine C. W. Jones, British, for Ship Island; steamship Cyprian Prince, British, for New York. September 19, barkentine Good News, American, for Baltimore. September 22, steamship Syrakus, German, for New York.

Respectfully,

W. HAVELBURG, M. D.,

Acting Assistant Surgeon, U.S. M. H. S. The SURGEON-GENERAL,

U. S. Marine-Hospital Service.

Report of yellow fever at the Sao Sebastiao Hospital from 1890 to 1899.

RIO DE JANEIRO, September 8, 1900.

SIR: Dr. Carlos Seidl, the present director of the yellow fever hospital Sao Sebastiao, has presented a report on that establishment from the date of its foundation, 1890, up to the end of last year.

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During that period the number of patients at that establishment has been as follows:

Years.	Cured.	Died.	Total.	Years.	Cured.	Died.	Total.
1890	595 1, 859 2, 097 443 2, 374 636	455 1, 614 1, 546 389 1, 747 513	1, 050 8, 473 8, 643 782 4, 121 1, 149	1896	1, 909 356 527 452 11, 248	1,510 109 558 351 8,742	3, 419 465 1, 085 803 19, 990

He states that of the persons sent to the hospital 6 per cent were not suffering from yellow fever.

Dr. Seidl's administration began in 1892, and the statements that hereinafter follow relate to the period that began in that year.

The following is a table showing the number of patients that have entered that hospital during eight years, with discrimination of color, sex, nationality, and age:

	1892.	1893.	1894.	1895.	1896.	1897.	1898.	1899.
White	81	732	8, 966 12 18	899	3, 253 23 44	309	946 4 12	645 2 13
Mixed	3,207	663 80	3,630 366	824 80	2,990 332	295 22	1 841 122	592 68
Females		717 26	3, 803 196	879 25	3, 134 188	304 13	923 40	634 26
Age.	1892.	1893.	1894.	1895.	1896.	1897.	1898.	1899.
Up to 5 years		4	17 42	1	14 33	3	3 14	13
From 6 to 10 years From 11 to 20 years		180	1, 114	222	924	73	259	139
From 21 to 30 years		344	1,739	428	1, 428	129	420	294
From 31 to 40 years		137	616	167	578	67	170	132
From 41 to 50 years	308	56	288	62	235	34	67	58
From 51 to 60 years	68	19	66	8	75	7	16	14
From 6 to 70 years		1	13	2	16	2	3	3
From 71 years		2	1		1			1
Unknown	52		70	7	18	1	11	6

From the foregoing it appears that the mortality of males was 45.19 per cent and the mortality of females was 46.81 per cent.

In this respect Dr. Seidl's figures differ from those of Beranger-Feraud, who in his treatise on yellow fever states that the mortality among males was twice that among females. The number of cases among males was much greater than that among females, being 13,042 males and 1,504 females; but, as is stated above, the mortality among males was proportionally larger.

In regard to the proportional mortality of adults and minors (persons under 21 years of age), the result was as follows: 48.28 per cent for adults and 37.58 per cent for minors.

In regard to nationalities, the figures show that, both in the number of cases and in the comparative number of deaths, the Brazilians are fewer than the foreigners. Indeed, the cases of illness among foreigners

amounted to 13,845 and those among Brazilians to only 701.

Thus the average mortality during the considerable period in which these observations were made was 45.76 per cent for foreigners and 35.27

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per cent for Brazilians, the latter being nearly all from the southern States of this country.

The following statement shows the comparative rate of the cases of yellow fever among different nationalities: Portuguese, Spaniard, Italian, Brazilian, English, Poles, Swedish and Norwegian, German, French, Austrian, Russian, North American, Danish, Arabian-Turks and Swiss,

and other nationalities, represented by very small numbers.

The mortality among the yellow fever patients at the Sao Sebastiao Hospital was according to nationalities as follows: Swedish and Norwegians, 25.78 per cent; Brazilians, 30 per cent; British, 34.30 per cent; Poles, 37.50 per cent; North-Americans, 38.33 per cent; Germans, 41.76 per cent; Danish, 42.33 per cent; Spaniards, 43.2 per cent; Portuguese, 44.12 per cent; French, 46.89 per cent; Russians, 50 per cent; Swiss, 53.84 per cent; Italians, 54.53 per cent; Austrians, 55 per cent; Arabian-Turks, 60 per cent.

The small mortality among the Swedish, Norwegian, and British is explained by the fact that they are nearly all seamen. Dr. Seidl states that the cause of the smaller mortality of seamen is that they are sent to the hospital immediately after being taken ill, whereas among landsmen there is always more or less delay, some of the patients being in a dying state when they reach the hospital. In fact, he asserts, that on an average 10 per cent of the patients arriving at the hospital, are in a dying state and die within twenty-four hours after their arrival. In regard to treatment of patients, Dr. Seidl makes the following statement in relation to the measures adopted by him at the Sao Sebastiao Hospital: 1. The methods which he employs against the fever are mild, and he avoids as much as possible the use of chemical antither-It is better, he says, to resort to the repeated use of aromatic vinagre and others, and especially to baths, but in cases of yellow fever he does not follow entirely the methods recommended by Brand or Winternitz for cases of typhoid fever. Instead of these he gives preference to baths, of temperatures from 32-34° C., for a quarter of an hour and repeated 3 or 4 times in twenty-four hours. He says, that the results obtained by this treatment in regard to the more or less serious symptoms of the congestive period are really astonishing.

2. He says that there is no doubt that one of the first steps to be taken is the disinfection of the intestinal tube and the relief of the hepatic glands and purging of the intestines. For these purposes he uses calomel in full or smaller doses, according to circumstances, followed by a saline purgative, given either in a single dose or in fractional doses. He employs a simple saline mixture and the phosphate of sodium,

adding sometimes from 1 to 2 grams of tincture of digitalis.

He says that his preference for dialytic purgatives immediately after the use of cholagogues is the result of long experience in the hospital.

3. The administering of salol, in a dose of from 4 to 6 grams every twenty-four hours, either alone or together with a quinine preparation in a small dose, is commonly used at the hospital after the abovementioned treatment.

4. He also adopts the early administration of theobromine, for this

has the great advantage of preventing anuria.

5. The hemorrhages are combated at the hospital by means of gallic acids and by cryotin, the latter in solution and sometimes as a subcutaneous injection. He states that he has used for a number of years a simple formula whose application he considers very advantageous in stubborn cases of black vomit. The attending physician should insist, he says, on the use of the formula for several days, unless the stomach

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of the patient refuses to receive the remedy. He says he does not limit his treatment to that formula, but makes use of other measures, especially the application of ice internally and externally.

7. Dr. Seidl confesses his impotence in regard to anuria, but there are very few of the means recommended for combating it that have not

been employed at the hospital.

8. The inability of the stomach for retaining medicine or vomiting; the epigastralgia is combated at the hospital with well-known measures; the following formula has been preferred: Aquæ distillatæ and aqua menthæ piperitæ, aa, 80 grams; syrupi belladonnæ, 20 grams; cocaini hydrochloricæ, 1 decigram; to take every two hours, 1 tablespoonful; or, syrupi gummosi, 200 grams; cerii oxalati, 5 centigrams; syrup simplicis, 30 grams; or, fluid magnesia as a vehicle for various stomachical tinctures or carminatives for the purpose of correcting the catarrhal state of the tongue, indicating persistent gastric stringency.

9. He recommends for insomnia the use of sulfonal, 4 doses of one-

half gram, 1 dose every hour.

When insomnia is accompanied by ataxic symptoms, he uses chloral in clysters, employing the following formula: Chloralis hydratis, 5 grams; gummi arabic, solut., 150 grams; to be administered in 3 portions with intervals of two hours.

10. The intestinal washing, or irrigation, 2 or 3 times a day is symptomatically employed, and for this purpose is used boric acid or chloride of sodium.

11. The foregoing, he says, forms the basis of the treatment, but other measures, such as general or local bleeding, or other symptomatic

measures are also adopted.

12. He calls attention to the employment of the following saline injections: The artificial serum of cheron, chloride of sodium, 2 grams; phosphate of sodium, 4 grams; sulphate of sodium, 8 grams; phenic acid, 1 gram; distilled water, 100 grams, in a dose of from 5 to 20 cubic centimeters each time, and also the artificial serum recommended by Hayem (boiled water, 1,000 grams; chloride of sodium, 7 grams), and the effects observed were similar. He prefers, however, the latter, on account of its simplicity and the ease with which it is prepared.

In repeated cases of anuria he employed the artificial serotherapeutic without the advantageous result, although he was anxious to obtain it.

In the rare cases of severe hemorrhages, however, without anuria, the intravenous injections have proved efficient for improvement of the very failing tension of the arteries.

At the Sao Sebastiao Hospital the diet of the yellow fever patients during the course of the disease consists of broths and of milk. Preferred, however, is an exclusive milk diet, excepting cases, which are frequent, of repugnance of the patients to this diet. From this system there has been obtained great benefits and Dr. Seidl has not found the disadvantages, which partisans of watery diet claim, that is offered by milk. It seems these objections are purely theoretical. And if practically the use of this diet is advantageous, cold milk being preferred in connection with some intestinal antiseptic (benzanaphthol, salol, or bicarbonate of soda) it may be asserted, that in theory the use of milk diet in yellow fever is what the practitioner is obliged to prescribe.

Apropos of diet prescriptions it must be stated that at the hospital the use of albuminous water is very frequent, not only as an emollient but also for the purpose of nutrition.

Dr. Seidl is not in favor of the use of lemonades in yellow fever cases;

he prefers alkalines and gives his patients natural bicarbonate waters (Vichy, Godesberger, Mattoni, Caxambu, Cambuquira, Lambary, Macacos, Poças de Caldas, etc.).

Respectfully,

W. HAVELBURG, M. D.,

Acting Assistant Surgeon, U.S. M. H.S.

The SURGEON-GENERAL,

U. S. Marine-Hospital Service.

## BRITISH HONDURAS.

## Report from Belize-Fruit port.

BELIZE, BRITISH HONDURAS, October 12, 1900.

SIR: I continue to receive most satisfactory reports of the health of the colony as well as of the town. Malaria has been more or less in evidence throughout the season, but not excessively so. Troubles due to that cause are less prevalent than earlier in the season. This is the dry season, and yet we are having tremendous downpours almost daily.

The Managua, Olsvik, clears for Mobile this a. m., and the Foxhall, Larson, clears for New Orleans; no passengers by either steamer from

this place.

Respectfully,

NORWOOD K. VANCE, Acting Assistant Surgeon, U. S. M. H. S.

The Surgeon-General.

U. S. Marine-Hospital Service.

## [Inclosure.]

List of deaths registered in the town of Belize from the 5th instant to date.

BELIZE, October 11, 1900. Certified by medical practitioner-Catarrhal enteritis (a)...... 1 Diarrhea (a) 1
Interstitial nephritis. 1 Tetanus (a)...... 1 Certified by district commissioner or police-Natural causes...... 1 Uncertified 0
Certified by coroner 0 

a Under 1 year of age.

A. K. Young, Registrar-General.

## CANARY ISLANDS.

## Teneriffe quarantines against Glasgow.

TENERIFFE, September 21, 1900.

SIR: I have the honor to report that a quarantine of twelve days has been declared on all vessels from Glasgow. The steamer Thomas Tumbull, arriving yesterday from Glasgow with a cargo of coal for here, having taken nine days in her voyage, has been put in quarantine for three days more, the twelve days counting from the day the vessel begins her voyage. The medical director of the port informs me she will have to undergo a disinfection besides before being admitted.

Respectfully.

SOLOMON BERLINER, United States Consul.

Hon. Assistant Secretary of State.